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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)
PICK-UP WAIT	MAIL
(Business Entity Name))
(Document Number)	_
Certified Copies Certificates of	f Status
Special Instructions to Filing Officer:	





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COVER LETTER

TO: Registration S Division of Co			
	ANI PROPERTIES LLC		
SUBJECT:	Name of Liu	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
	LEANDRO BERETTA		
		Name of Person	
	SBGE USA TAX ACCOU	UNTING & FINANCIAL	ZÓZI JUL 15 SERRETARS
		Firm:Company	
	10 FAIRWAY DR SUITE	E 300	PH 3: 1
		Address	E. T.
	DEERFIELD BEACH, FI	. 33441	- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18
		City/State and Zip Code	
	OFFICE@SBGEUSA.CON		
	E-mail address:	(to be used for future annual report n	otification)
For further information	concerning this matter, please of	call:	
LEANDRO BERETTA		561 344-3553 at ()	
Name	of Person		time Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration S	
P.O. Box 63	Corporations 27	Division of C The Centre of	· ·
Tallahaceaa			ron Stront Suita 210

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our record	is <u>,</u>)
Florida Limited Liability Company)	
ility Company were filed on 10 20/2020	and assigned
	
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<u>ie limited liability company bere</u> :	
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Is "Limited Liability Company," the designation "LLC	nothe abbreviation la la C."
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ADDRESS)	
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istered office address on our records, <u>enter</u>	the name of the new reg
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Enter Florida street addre	· · · · · · · · · · · · · · · · · · ·
r)	lorida
Cin-	lorida Zıp Code
	ing: Self-Inited Hability company here: Self-Inited Lability Company," the designation "LLC Self-Inited Lability Company," the designation Self-Inited Lability Company, the designation

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
				□Add
				□Remove
			-11	□Change
				□Add
			5 Z0	□Remove
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			3888 30 A88 MA S1	— EAliq
			PH 3: 18 OF STATE SEE. FL	○ _ □Remove
				_ □Change
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an effective date is list	her than the date ed, the date must be spe	ecitic and cannot be p	prior to date of filing	or more than 90 day	s after filing.) P	ursuant to 605,020
	erted in this block do date on the Departm			nung requirement	s, this date w	iii not be listed a
record specifics a do is filed.	dayed effective date,	but not an effecte	ve time, at 12:01 a	m on the earlier	of: (b) The S	90th day after the
MAY 13TH		2021				
	2.1	Eugma /		- 1/1		
	104	1.01.	San os	F. Vha		

Typed or printed name of signer